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| CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8 | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date: | | |
| Date: <u>August 4, 2005</u> | Name: <u>Carolyn Beason-Wright</u> | Signature: <u>Carolyn Beason-Wright</u> |

BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Darin G. Schaeffer, et al.

Appln. No.: 10/769,962

Filed: February 2, 2004

For: TRACHEOSTOMY TUBE AND LOADING
DILATOR

Attorney Docket No: 10703/042 (PA-5375-US)

Examiner: Ali, Shumaya B.

Art Unit: 3743

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- AMENDMENT
 Return Receipt Postcard

Fee calculation:

- No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or surcharge in an amount of \$_____ under 37 C.F.R. § 1.16(e).
 An additional filing fee has been calculated as shown below:

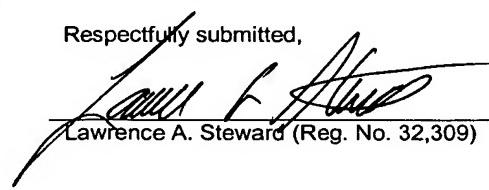
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Small Entity | | Not a Small Entity | | |
|---|-------------------------------------|-------|------------------------------------|------------------|--------------|-----------|--------------------|----------|-----------|
| | | | | | Rate | Add'l Fee | or | Rate | Add'l Fee |
| Total | | Minus | | | x \$25= | | | x \$50= | |
| Indep. | | Minus | | | x 100= | | | x \$200= | |
| First Presentation of Multiple Dep. Claim | | | | | +\$180= | | | +\$360= | |
| | | | | | Total | \$ | | Total | \$ |

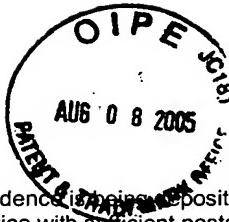
Fee payment:

- A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

Aug. 4, 2005
Date


Lawrence A. Steward (Reg. No. 32,309)



Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2005.

Carolyn Beason-Wright
Carolyn Beason-Wright

Our Case No.: 10703/042 (PA-5375-US)

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Darin G. Schaeffer, et al.

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For: TRACHEOSTOMY TUBE AND
LOADING DILATOR

AMENDMENT

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed May 4, 2005, please amend the above-identified application as follows:

Amendments to the claims begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.